

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155149		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/18/2012	
NAME OF PROVIDER OR SUPPLIER HARCOURT TERRACE NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 07/18/12</p> <p>Facility Number: 000070 Provider Number: 155149 AIM Number: 100266190</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Harcourt Terrace Rehabilitation and Health Care Center was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type III (211) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridors. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 116 and had a census of 86 at the time of this visit.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and was found not in compliance with</p>		K0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/05/2012

FORM APPROVED

OMB NO. 0938-0391

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	<p>smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/23/12.</p>						

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to install smoke detectors in 1 of 68 resident rooms before July 1, 2012. This deficient practice could affect 2 residents in the facility.</p> <p>Findings include:</p> <p>Based on observation with the</p>		K9999	<p>What corrective action will be accomplished for those residents found to be affected by the deficient practice?</p> <p>The smoke detector in room #62 was installed by 7-25-2012. How will other resident areas be identified?</p> <p>The Maintenance Director will make monthly preventative maintenance rounds to identify areas not in compliance. What measure will be put into place or systemic changes to ensure the deficient practice does not recur?</p> <p>Department managers make daily resident room rounds and will report to the maintenance director any resident area lacking a smoke detector. The maintenance director will be responsible for immediate repair. How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <p>Daily room rounds by department managers will be reviewed by the E.D. as well as preventative maintenance logs by the QA committee on a quarterly basis.</p>		07/25/2012	

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	Maintenance Supervisor during a tour of the facility from 9:15 a.m. to 11:20 a.m. on 07/18/12, a smoke detector was not installed in resident sleeping room # 62. Based on interview at the time of observation, the Maintenance Supervisor acknowledged a smoke detector was not installed in resident sleeping room # 62.						